

**This page is not the complete Loan Originator license application.
You must apply online (when available) to complete the Loan Originator license application.**

FORM MU4 Washington	UNIFORM INDIVIDUAL MORTGAGE LICENSE/REGISTRATION & CONSENT FORM Date of filing (MM/DD/YYYY): _____ Desired Effective Date (MM/DD/YYYY): _____
-------------------------------	---

1. Individual's identifying information:

(A) Full last, first and middle names: _____ e-mail: _____

 Last Name First Name Full Middle Name Suffix (if any)

(B) Social Security Number: _____ (C) Gender: ☐ Male ☐ Female

(D) Date of Birth (MM/DD/YYYY) _____ (E) State/Province of Birth: _____ (F) Country of Birth: _____

(G) List all names(s), other than your legal name, you have used or are using, or by which you are or were known since the age of 18. This field should include for example, nicknames, aliases, and names used before or after marriage. (Use additional sheets as necessary).

Name _____ Name _____

(H) Address from which you operate: (Do not use a P.O. Box) ☐ If this address is your private residence, check this box.

 Number and Street City State/Country Zip+4/Postal Code

2. Individual's acknowledgment & consent:

I swear or affirm that I have executed this form before a Notary Public, of my own free will and:

(A) I have read and understand the items and instructions on this form;

(B) My answers (including attachments) are true and complete to the best of my knowledge;

(C) I understand that I am subject to administrative, civil or criminal penalties if I give false or misleading answers;

(D) I authorize all my current and former employers, law enforcement agencies, and any other *person* to furnish to any *jurisdiction*, or any agent acting on its behalf, any information they have, including without limitation my creditworthiness, character, ability, business activities, educational background, general reputation, history of my employment and, in the case of former employers, complete reasons for my termination;

(E) I have read and understand applicable federal and state law, and will be in compliance at all times;

(F) I promise to keep the information contained in this form current and to file accurate supplementary information on a timely basis.

Date (MM/DD/YYYY)

Signed or attested before me: _____

Print Notary Public name

Notary seal here

Notary Public signature

Signature of *applicant*

by _____

Print *applicant* name

on this _____ day of _____, _____ at _____

Date Month Year State County

Notary Appointment Expires (MM/DD/YYYY)

3. Mortgage Broker/Mortgage Lender Relationship Representation:

(A) ☐ **ESTABLISH RELATIONSHIP** As of the desired effective date listed above, the *applicant* is working for my Mortgage Broker company.

The applicant is compensated as a (pick one): ☐ W-2 employee ☐ 1099 independent contractor

_____ by _____
 Company Name Signature of authorized party Print Name and Title of authorized party

Individual's acknowledgment & consent and Relationship Representation must be completed in full with original, manual signature and notarization. Affix notary stamp or seal.

You must complete an online application (www.dfi.wa.gov), and mail this form with pair of completed fingerprint cards to:

via US Postal Service: Dept of Financial Institutions Division of Consumer Services PO Box 41200 Olympia WA 98504-1200	via other couriers (eg: UPS, FedEx, etc) Dept of Financial Institutions Division of Consumer Services 150 Israel Rd SW Tumwater WA 98501
--	--